

State of North Carolina
Department of Environment,
Health and Natural Resources
Regional Health Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Leesha L. Fuller, Regional Manager



DIVISION OF ENVIRONMENTAL
MANAGEMENT
GROUNDWATER SECTION

May 9, 1995

CERTIFIED MAIL Z 117 594 045
RETURN RECEIPT REQUESTED

Mr. Daniel Shine
Sun Company, Inc.
4041 Market Street
Aston, PA 19014

Subject: Summit Avenue Sunoco, 1103 Summit Avenue, Greensboro, Guilford County,
NC, Groundwater Incident # 10141

Dear Mr. Shine:

This office has reviewed the revised Comprehensive Site Assessment (CSA) prepared for Sun Company, Inc. for the referenced site by Groundwater Technology. This CSA is conditionally accepted provided that the following issues are addressed in the Corrective Action Plan (CAP):

- (1) Chlorinated solvents are present in well VMW-8 in concentrations above N.C.A.C. Title 15A Subchapter 2L water quality standards.
- (2) To assess the upgradient extent of the hydrocarbon plume, an additional groundwater monitoring well should be installed. Data from this well should be used to update the horizontal extent maps and vertical cross-sections provided in the CSA.
- (3) Analytical results for groundwater samples tested for lead using Standard Method 3030C have not been included in the CSA.
- (4) Adjacent property owners (along with their names, mailing addresses and telephone numbers) have not been identified in the CSA.

A Corrective Action Plan (CAP) should be submitted within sixty (60) days of receipt of this letter. See the current *Groundwater Section Guidelines for the Investigation and Remediation of Soils and Groundwater* for guidance on the requirements for Corrective Action Plans. An excerpt from the *Guidelines* is enclosed for your review.

If you have any questions, you may contact Michael J. Zappia at (910) 373-3771.

Sincerely,

Sherri V. Knight

Sherri V. Knight
Groundwater Supervisor

Enclosure

cc: Guilford County Health Department
WSRO

2 117 594 045



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Summit Ave Sunoco
Street and No.	
P.O., State, and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, March 1993

CSA acceptance / 1103 Summit Ave.

SENDER:

Complete items 1, 2, and 4 for additional services.

- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

Sun Company, Inc.
ATTN: Mr. Daniel Shine
4041 Market Street
Aston, PA 19014

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

5 15-95

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 * U.S. GPO: 1991-297-008

DOMESTIC RETURN RECEIPT